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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H160002772713)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : I20020008100 Phone

: (305)944-9755

Fax Number

: (888)401-1914

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	ł	

COR AMND/RESTATE/CORRECT OR O/D RESIGN PATRICIA RESTREPO P.A

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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2016-11-09 20:37;07 (GMT)

1-888-401-1914 From: Silvas Financial Services, LLC

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TO: Amendment See Division of Corp				
NAME OF CORPO		керо Р.А		
DOCUMENT NUM	BER: P16000089089	····		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Picaze retum all corre	spondence conserning this ma	tter to the following:		
	MARIA PATRICIA RESTR	EPO		
	Name of Contact Person			
	PATRICIA RESTREPO P.A			
		Firm/ Compan	y	
	800 PARKVIEW DRIVE SUITE 1009 Address			
	HALLANDALE, FL 33009			
		City/State and Zip	Code	
ACC	OUNTING2@SILVASBOX.	сом		
•	E-mail address: (to be us	sed for future annual re	eport notification)	
For further informatio	n concerning this matter, pleas	e call;		
MARIA PATRICIA I	RESTREPO	954	548-1049 ra Code & Daytime Telephone Number	
Name	of Contact Person	Are	ra Code & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made ;	payable to the Florida	Department of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certificate of Status	
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10101	men or Corporations	יוט	vision of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To: Page 3 of 6 2016-11-09 20:37:07 (GMT) 1-888-401-1914 From: Silvas Financial Services, LLC {([H16000277271 3)}} Articles of Amendment ŧο Articles of Incorporation ٥ſ PATRICIA RESTREPO P.A (Name of Cornoration as currently filed with the Florida Dept. of State) P16000089089 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: MARIA PATRICIA RESTREPO P.A. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Muiling address MAY BE A POST OFFICE BOX) D. If amouding the registered egent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Nume of New Registered Agent (Florida street address) Florida New Registered Office Address: (Zin Cride) (Cuy)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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1-888-401-1914 From: Silvas Financial Services, LLC

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P - President; F- Vice President; T- Treasurer; S- Secretary; D- Director; TR- Trintee; C - Chairman or Clerk; CEO - Chief Executive Officer; CFO = Chief Financial Officer. If an officer-director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith Is named the V and S. These should be noted as John Doe. Prasa Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Chango	ET.	John Di	29	
X Remove	<u>v</u>	Mike Ju	utres	•
X Add	<u>sv</u>	Sally St	<u>այլի</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
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Remove				
3)Change				
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4)Change		- .		
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5) Change		_		
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6) Change		 .		
Add				
Remove				

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2016-11-09 20:37.07 (GMT) 1-888-401-1914 From: Silvas Financial Services, LLC

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The date of each amendment(s) adoptions due this document was signed.	NOVEMBER 93, 2016
Effective date if applicable:	(no more thun 90 days ofter amendment file date)
	(no more than 91) days after amendment file date)
Note: If the data inserted in this block do document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not be listed as the effect of State's records.
Adoption of Amendment(s)	CHECK ONE
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.
	y the sbareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):
"The number of votes cast for the s	imendinani(s) was/were sufficient for approval
by	
	(voling group)
The amendment(s) was were adopted by action was not required.	the board of directors without shareholder action and shareholder
☐ The amendment(s) was were adopted by action was not required.	the incorporators without shareholder action and shareholder
NOVEMBER 08, 7	
	Naen I Taly
selected; by an	president or other officer — if directors or officers have not been incorporator — if in the hands of a receiver, trustee, or other court court plant is ductary)
- MARIA	A.PATRICIA RESTREPO
	(Typed or primed name of person signing)
PRESI	DENT
	(Title of nervos signing)